

**Abilene Hawks, Inc.**  
**Basketball Medical Release and Information**

Student Name 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Circle Team Division) B/G 12U, 14U, 16U, 18U  
Student Name 2) \_\_\_\_\_ Date of Birth \_\_\_\_\_ B/G 12U, 14U, 16U, 18U  
Student Name 3) \_\_\_\_\_ Date of Birth \_\_\_\_\_ B/G 12U, 14U, 16U, 18U  
Student Name 4) \_\_\_\_\_ Date of Birth \_\_\_\_\_ B/G 12U, 14U, 16U, 18U

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Fathers Work/Cell Phone \_\_\_\_\_ Mothers Work/Cell Phone \_\_\_\_\_

Fathers Address (if different from above) \_\_\_\_\_

Mothers Address (if different from above) \_\_\_\_\_

Responsible Parent E-Mail Address \_\_\_\_\_

Secondary Family E-Mail Address \_\_\_\_\_

Name of Emergency Contact (if parents are unavailable) \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate student number above on the following questions (use additional paper if needed)

Previous Injuries/ Serious Illnesses/ or Allergies \_\_\_\_\_

Current Medication/Health Conditions/Learning Disabilities \_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Authorization and Release of Liability**

I hereby authorize any representative of Abilene Hawks, Inc. Basketball to consent to medical treatment of my child in the event of an emergency (as determined by the representative). I further authorize any representative of Abilene Hawks, Inc. Basketball to render first aid to my child and/or transport him/her to a hospital and/or call an ambulance. The consent is valid and irrevocable for one (1) year from the date hereof. I further release Abilene Hawks, Inc. Basketball representatives as a group and individually from any and all liability, even their own negligence, for injuries to my child arising out of my child participating in Abilene Hawks, Inc. Basketball activities.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PRINTED Name of Parent/Guardian

\_\_\_\_\_  
SIGNATURE of Parent/Guardian